CS-1775 Rev 3/2003

## State of Michigan Department of Civil Service Employee Benefits Division EMPLOYEE HEALTH AND WELLNESS 400 South Pine Street, P.O. Box 30002 Lansing, Michigan 48909

## MINI-HEALTH RISK ASSESSMENT

Employee ID Number			Date
Please complete the following questions by checking either "Yes" or "No".			
Yes	No		
		Do you have a primary care physician?	
		Do you have a yearly health check-up?	
		Have you had your cholesterol checked within t	he last twelve (12) months?
		Is your cholesterol over 200?	
		Have you had your blood sugar checked within	the last twelve (12) months?
		Is your blood sugar over 109?	
		Have you had your blood pressure checked wit	hin the last twelve (12) months?
		Is your blood pressure over 139/89?	
		Do you get 30 minutes or more of moderate into brisk walking, stair climbing, dancing, cycling, s days of the week on a regular basis?	, , , , , , , , , , , , , , , , , , ,
		Do you eat at least five (5) fruit and vegetable sor ½ grapefruit, ½ cup juice, ½ cup cooked vegetay?	<u> </u>
		Do you eat foods that are high in saturated fat a meat, fried foods, chips, ice cream, baked good dressings) daily?	` `
		Do you smoke cigarettes, cigars, a pipe, or use	smokeless tobacco?